



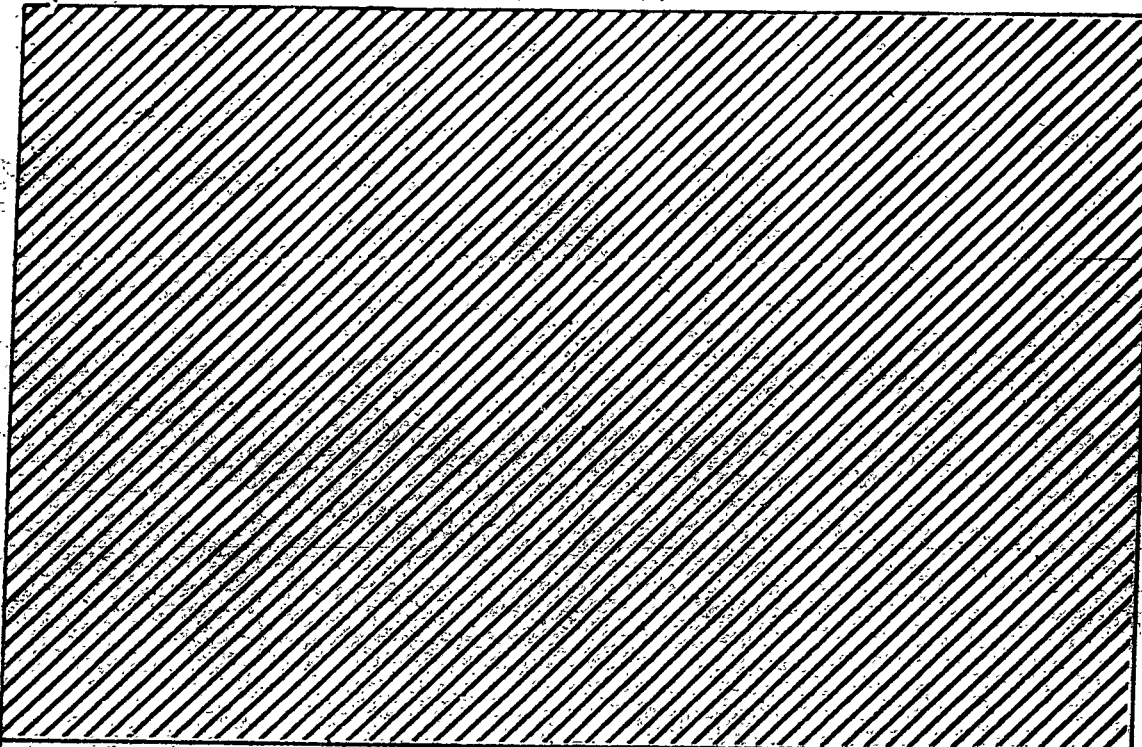
Personnel Actions  
After Mexico City Assignment

**SECRET**  
(When Filled In)

<b>XXF REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>11 SEPTEMBER 1963</b>	
1. SERIAL NUMBER <b>009274</b>		2. NAME (Last-First-Middle) <b>CHRY, F R.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>09</b> DAY <b>15</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V CF TO V <b>XX</b> CF TO CF		7. COST CENTER NO. CHARGE-ABLE <b>1135-5700-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH BRANCH 3 MEXICO, MEXICO STATION CITY</b>			10. LOCATION OF OFFICIAL STATION <b>MEXICO, MEXICO</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>418</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		17. SALARY OR RATE <b>9290</b>	
16. GRADE AND STEP <b>12</b>					
18. REMARKS  <b>FROM: DDP/WH/400/MEXICO STATION</b>					
<div align="right">Recorded by CSPD <i>Shu</i></div>					
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> <b>ROBERT D. CASHMAN, C/WH/PERS</b>			DATE SIGNED <b>9/12/63</b>		18b. SIGNATURE OF OFFICER <i>[Signature]</i> DATE SIGNED <b>13 Sep 63</b>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>51400WH</b> ALPHABETIC <b>45075</b>	22. STATION CODE <b>45075</b>	23. INTEREST CODE <b>3</b>	24. DATE OF BIRTH MO. <b>01</b> DA. <b>06</b> YR. <b>12</b>
25. DATE OF DEATH MO. DA. YR.	26. DATE OF DEATH MO. DA. YR.	27. DATE OF LST MO. DA. YR.	28. DATE OF LST MO. DA. YR.	29. DATE OF LST MO. DA. YR.	30. DATE OF LST MO. DA. YR.
31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	32. SEPARATION DATA CODE	33. CORRECTION/CANCELLATION DATA	34. SECURITY REQ. NO.	35. SER	36. SER
37. VET. PREFERENCE CODE 0 - NONE 1 - 5 yr. 2 - 10 yr.	38. SERV. COMP. DATE MO. DA. YR.	39. LONG. COMP. DATE MO. DA. YR.	40. CAREER CATEGORY CODE 0 - NONE 1 - YES 2 - NO	41. FEELI / HEALTH INSURANCE CODE 0 - NONE 1 - YES	42. SOCIAL SECURITY NO.
43. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO OPEN IN SERVICE 2 - OPEN IN SERVICE (LESS THAN 3 YRS) 3 - OPEN IN SERVICE (MORE THAN 3 YRS)	44. LEAVE CAT CODE	45. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	46. TAX EXEMPTIONS CODE 1 - YES 2 - NO	47. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	48. STATE CODE (COMP.)
49. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> <b>9/18/63</b>			50. O.P. APPROVAL <i>Joseph B. Logan</i>		DATE APPROVED <b>17 Sep 63</b>

141

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Karty, Florian

NAME AND RELATIONSHIP OF DEPENDENT\*

Wife - German

CLAIM NUMBER

63-097

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 23 Nov 62. ruptured muscles

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE  
3 MAY  
1963

SIGNATURE OF OSD REPRESENTATIVE

B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions  
prior to Mexico City  
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e   W i t h   C a r e

SECRET

CONFIDENTIAL

(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

OFFICE (and Division)

DDP/WH

SERVICE COMPUTATION DATE:

24 Dec 1948

2 March 1953

SIGNATURE DA

JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157  
1 MAR 54

CONFIDENTIAL

(4)

ORIGINAL Biography Profile

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(sanitized version in file)



Personnel Actions After  
Mexico City Assignment

WH

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
<del>██████████</del> KARTY, FLORYAN R.	009274	51	700	CF GS 12 3	\$10,105	\$10,640

POSTED ON  
05-40

8 JAN 1964

WH

1. Serial No. 009274		2. Name KARTY, FLORYAN R.		3. Cost Center Number 64 700 CF		4. LWOP Hours	
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date
GS 12	2	\$ 9,790	11/29/62	GS 12	3	\$10,105	11/24/63
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>JWH</i>				DATE 7 Oct 1963			
PAY CHANGE NOTIFICATION							

DLS: 13  
KX SEPT 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
NCB											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
009274		KARTY, FLORIAN R.									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT						09   15   63			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		4135 5700 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0418			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 2		9790			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		51400 WH		45075		3		01   06   12	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
01   06   12		01   06   12		01   06   12		01   06   12		01   06   12		01   06   12	
31. NIE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO.	
NO DA YR		1 CSC 2 PICA 3 NONE		CODE		CODE		CODE		CODE	
37. VET PREFERENCE		38. SERV. COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CODE		CODE		CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT.				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE 1 - YES 2 - NO				FORM EXECUTED CODE 1 - YES 2 - NO			
46. STATE TAX DATA											
CODE											
FORM EXECUTED CODE 1 - YES 2 - NO											
FORM EXECUTED CODE 1 - YES 2 - NO											
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 09/24/63 WK											

FORM 11-62 1150

Use Previous Edition

SECRET

19 SEP 1963

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

MHC: 31 JULY 63

SECRET  
(When Filled In)

OGB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 009274		2. NAME (LAST/FIRST MIDDLE) <i>KARRY, ELKYN R.</i>									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		7. V TO V		8. V TO CF		9. LOST LATER NO. CHARGEABLE 4135 5700 1000		10. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		12. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
13. POSITION TITLE OPS OFFICER				14. POSITION NUMBER 0400		15. SERVICE DESIGNATION D					
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12 2		19. SALARY OR RATE 9790					
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 37		22. EMPLOY CODE 10		23. OFFICE CODING 64700 WH		24. STATION CODE 45075		25. INTEGRITY CODE 3		26. DATE OF BIRTH 01 06 12	
27. DATE OF GRADE		28. DATE OF LEE		29. NTE EXPIRES		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE	
33. VET. PREFERENCE		34. SERV. COMP. DATE		35. LONG COMP. DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE		38. SOCIAL SECURITY NO.	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. FORM EXECUTED		44. STATE CODE	
45. SIGNATURE OF OTHER AUTHENTICATION		46. FORM EXECUTED		47. STATE CODE		48. FORM EXECUTED		49. STATE CODE		50. FORM EXECUTED	

FORM 1150  
11-62Use Previous  
Edition

SECRET

31 JUL 63  
JHCFORM 1150  
11-62  
(When Filled In)

(When Filled In)

A. Fitness Reports covering period after  
Mexico City Assignment

B. Personnel Actions for period prior  
to Mexico City Assignment

SECRET

(When Filled In)

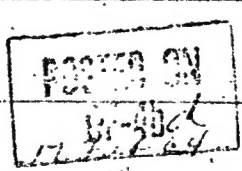
FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<b>SECTION A</b> 1. NAME (Last) (First) (Middle) [REDACTED] CAROLYN ELIZABETH				2. DATE OF BIRTH 1912			
3. SEX M				4. GRADE GS-12			
5. OFFICIAL POSITION TITLE Ops Officer				6. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1			
7. CURRENT STATION Mexico City				8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> REASSIGN <input type="checkbox"/> TEMPORARY			
9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR				10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> SPECIAL (Specify) <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P. December 1964				12. REPORTING PERIOD (From - to) 1 Jan 1964 - 22 November 1964			
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>							
W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.							
P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.							
S - <u>Strong</u> Performance is characterized by exceptional proficiency.							
O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Case Officer for Soviet access agents.							P
SPECIFIC DUTY NO. 2							RATING LETTER
Analyst work, preparing Soviet personality reports. ✓							S
SPECIFIC DUTY NO. 3							RATING LETTER
Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.							O
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
7 JAN 1965							S ✓

**SECRET**  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.</p> <p>It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.</p> <p>Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.</p> <p>This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.</p> <p>As a staff agent [redacted] he and his family adapted themselves remarkably well to the [redacted] situation and to all other environmental factors.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
23 November 1964	[redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	Ops Officer	a/ Herbert Manell	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	COS	a/ Winston K. Scott	

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				009274	
<b>SECTION A</b> <b>GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>PARIN, LLOYD R.</b>			2. DATE OF BIRTH <b>6 Jan 1912</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Operations Officer</b>			6. OFF/DIV/BR OF ASSIGNMENT <b>DDP WH 3</b>	7. CURRENT STATION <b>Mexico City</b>	
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
10. DATE REPORT DUE IN O.P. <b>28 February 1964</b>			11. REPORTING PERIOD (From - to) <b>6 August 1963 - 31 December 1963</b>		
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>					
<b>W - <u>Weak</u></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>A - <u>Adequate</u></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - <u>Proficient</u></b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - <u>Strong</u></b> Performance is characterized by exceptional proficiency. <b>O - <u>Outstanding</u></b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 1 <b>Translation of Russian and Spanish materials.</b>					<b>S</b>
SPECIFIC DUTY NO. 2					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 3					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 4					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 5					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 6					<b>RATING LETTER</b>
<div align="center">  </div>					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>RATING LETTER</b> <b>S</b>
<b>14 FEB 1964</b>					



## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>				
<p>From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.</p> <p>Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.</p> <p>Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.</p> <p>Subject and his family have acclimated themselves excellently to the [ ] situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.</p>				
SECTION D				
CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
29 January 1964	[Signature]			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
29 January 1964	Operations Officer	/S/ Herbert Lincell		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
[Blank]				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
29 January 1964	Chief of Station	/S/ Winston M. Scott		

SECRET

Pre 1961 Fitness Reports  
and other personnel  
documents